

Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite System Permit Application

Permit Type ☐ New Installation
☐ Alteration / Repair

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input type="checkbox"/>

DR Environmental I.D. #

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Part 1 Treatment Type (check one)

☐ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)

☐ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

Disposal Method (check one)

☐ STD = Standard Absorption Field
☐ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other

☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name			2. Phone Number		
3. Mailing Address			4. County		
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.)					
6. Subdivision Name		7. Approval Date		8. Date Recorded	
9. Lot Number					
10. Lot Dimensions		11. Total Area (Acres)		12. # Bedrooms # People	
13. Daily Flow (GPD)					
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)					
15. Water Supply (Specify supplier if Public Water.)			16. GPS Coordinates		

17. Soil Determination (Primary Area) Indicate the depth to items a-f if observed in the soil (designate inches).

a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)

18. Soil Determination (Secondary Area) Indicate the depth to items a-f if observed in the soil (designate inches).

a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)

19. Percolation Test (min/in) **20. System Size**

Rate for Hole 1		a. Size of Septic Tank		gal	f. Trench Depth		inches
Rate for Hole 2		b. Size of Dose Tank		gal	g. Trench Spacing		feet
Rate for Hole 3		c. Absorption Area		ft ²	h. Trench Media		Trench Width
Alt Area Perc.		d. Number of Field Lines					in.
Average Perc. (1-3)		e. Length of Field Lines		ft			in.

Comments

21. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems, Designated Representatives and Installers.

Signature _____ Title _____ Soil Certified ☐ Yes ☐ No

Typed Name _____ Date _____ Phone Number _____

22. Approval of Health Authority: The information above has been reviewed and found to meet the requirements of the Arkansas Department of Health for Onsite Wastewater Systems, Designated Representatives and Installers.

A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Health Specialist _____ Date _____

Owner's/Applicant's Name	Receipt Number
23. Utilization Verification: I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. Owner/Applicant _____ Date _____	

Part 2 Installation Inspection	
Septic tank manufacturer	Other information
Septic tank material	Trench media and width
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill
Pump Information	
Name of Installer	License Number
Environmental Health Specialist	Date

Part 3 Permit for Operation
The information contained in Part 1 and Part 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued. Environmental Health Specialist _____ Date _____

Comments _____ _____ _____ _____
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TO THE OWNER The permit for construction may be deemed invalid by the local Environmental Health Specialist before construction if the site and/or soil conditions have changed after approval of the permit or if the information on the permit is inaccurate. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system was designed and installed according to the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems, Designated Representatives and Installers, unless there are exceptions or deviations noted in the comments. A permit is valid for one (1) year from the date of approval. A permit more than one (1) year old must be revalidated by the authorized agent prior to the start of any construction.	
Site Revalidation Conducted by _____ Site Revalidation Conducted by _____	<input type="checkbox"/> Designated Representative <input type="checkbox"/> Designated Representative <input type="checkbox"/> Environmental Health Specialist Date _____ <input type="checkbox"/> Environmental Health Specialist Date _____